APR 30 1930 Phipps V

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9736

1. PLACE OF DEATH
County Pemiscot Registration District No. 651
Township ~~Little Prairie~~ Primary Registration District No. 4388
City Caruthersville (No. ..... St. ..... Ward)

File No. .....
Registered No. 41

2. FULL NAME Daisy Stone
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dutch Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-1901

7. AGE YEARS 28 ~~29~~ MONTHS 10 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work H Ch
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY) Hickman Co

PARENTS
10. NAME OF FATHER Will Hutchens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY) Hickman Co
12. MAIDEN NAME OF MOTHER Sallie Erwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ok
(STATE OR COUNTRY)

14. INFORMANT Dutch Stone
(Address) Caruthersville Mo

15. FILED Mar. 11, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1930, to March 11, 1930 that I last saw her alive on March 10, 1930 and that death occurred, on the date stated above, at 6-30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23 A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. W. Phipps, M. D.
Mar. 11, 1930 (Address) Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple cemetery
DATE OF BURIAL 3-12 1930

20. UNDERTAKER H S Smith
ADDRESS Caruthersville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.